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06/11/2009

COOPER & DUNHAM, LLP
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John P. White

(Depositor's name)

(Signature)

September 9, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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08/602,272

02/16/1996

MICHAEL J. ELLIOTT

KIR96-01

4297

TITLE OF INVENTION: METHODS OF PREVENTING OR TREATING THROMBOSIS WITH TUMOR NECROSIS FACTOR ANTAGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$450 \$755	\$300	\$0	\$1840 \$1055	09/11/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
CANELLA, KAREN A		1643	424-141100			
				01 FC:2501	755.00 OP	
				02 FC:1504	300.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

37, 50, 08

1 John P. White

2 Cooper & Dunham LLP

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE KENNEDY INSTITUTE OF RHEUMATOLOGY

London, England

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Thirteen (13)

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☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

September 9, 2009

Typed or printed name

John P. White

Registration No.

28,678

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